

POSSE PARTNERS COMMUNITY CORRECTIONS SUPERVISION SERVICES REFERRAL

OFFICE LOCATIONS: 319 FIRST AVE
LAUREL, MT

26 EAST 6TH ST
HARDIN, MT

MAILING ADDRESS: 319 FIRST AVE.
LAUREL, MT 59044

Phone: 406-672-4421

Fax: 1-866-256-4657

Email: possepartners@live.com

Monitoring Services: Length of program: _____ Start date: _____ End date: _____

- SCRAMx Remote Breathalyzer (\$7.00 per day; \$50.00 setup fee) \$ 7.00
- SCRAMx Continuous Alcohol Monitoring Bracelet (\$10.00 per day; \$50.00 setup fee) \$ 10.00
- Continuous Alcohol and House Arrest Monitoring (\$18.00 per day; \$50.00 setup fee) \$ 18.00
- House Arrest Monitoring (\$10.00 per day; \$50.00 setup fee) \$ 10.00
- GPS Monitoring (\$15.00 per day; \$50.00 setup fee) \$ 15.00

Substance Abuse Screening, Testing and Reporting Services: (costs are payable in advance monthly)

Length of program: _____ Start date: _____ End date: _____ or One Time Only _____

- Breathalyzer testing (1-15 tests monthly) Not Available in Hardin _____ (#) tests monthly \$ 40.00
- Breathalyzer testing (15-30 tests monthly) Not Available in Hardin _____ (#) tests monthly \$ 80.00
- Urinalysis screening with immediate results (8 Panel Onsite) _____ (#) tests monthly \$ 10.00
- Lab screening (8 Panel Screen at the Lab) _____ (#) tests monthly \$ 23.00
- Drugs of Abuse Sweat Patch (up to 10 day wear time) _____ (#) tests monthly \$ 68.00
- ETG/ETS testing (alcohol specific testing 80-100 hour detection) _____ (#) tests monthly \$ 38.00
- Combined lab – ETG/Ets and 8 panel at the lab _____ (#) tests monthly \$ 55.00
- Comprehensive prescription panel _____ (#) tests monthly \$ 100.00
- K2, spice or designer drug tests _____ (#) tests monthly \$ 40.00
- Hair Follicle Testing (90 day window of detection) \$ 140.00

Defendant/Client Name: _____ Docket#: _____

DOB: _____ SSN: _____ Phone #: _____

Address: _____

Sentence: _____ Offense: _____

Court/Referral Source Name: _____

Phone# _____ Fax #: _____ Email: _____

Special Conditions ordered by the Court: It is further ordered violations or non-compliance may subject the Defendant to further sanctions, fines, or imprisonment dependent upon the offense and conditions as set by the Judge or referral source. The Defendant is ordered to pay costs of programs as indicated and acknowledges notice that all payments are non-refundable. Defendant agrees to abide by the policies as set forth by Posse Partners, LLC for programs as referred. The programs above are offered as a special condition with an expectation that you will complete all program mandates. By accepting this option, you are consenting to communication between the Court, referral source, Posse Partners, LLC, and members of the Justice system as deemed necessary to carry out the intent of the referral. I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and the recipients of this information may not re-disclose it unless it is in connection with their official duties.

Defendant/Client is to start program no later than: _____. Please call Posse Partners, LLC at 406-672-4421 within 24 hours of release or sentencing to schedule an intake appointment.

Court/Referral Source Signature Date Defendant/Client Signature Date

The Above Named Client: () Successfully Completed all Program Requirements or () Failed to Complete Program Requirements

Remarks: _____

Program Coordinator Signature Date